

HEALTH QUARTERLY STATEMENT

AS OF <u>September 30</u>, 2002 OF THE CONDITION AND AFFAIRS OF THE

Community Choice Michigan

NAIC Group Code	0000 (Current Period)	, 0000 (Prior Period)	NAIC	Company Code _	95562	Employer's ID Number	38-3252216
Organized under the Laws	,	Michigan	,	State of Dom	icile or Port of Entry	N	1 ichigan
Country of Domicile		US	·		•		
Licensed as business type			Propery/Casualty[Vision Service Cor Is HMO Federally 0	poration[]	Health Ma	Medical & Dental Service or Ir intenance Organization[X]	ndemnity[]
Date Incorporated or Orga	anized	05/24/1995	ŕ		Commenced Business		/01/1996
Statutory Home Office		2369 Woodlake Drive,	Suite 200	<u>,</u> ,		Okemos, MI 48864	
Main Administrative Office	,	(Street and Numb	per)	2369 Woodlak	e Drive, Suite 200	(City, or Town, State and Zip Co	de)
		Okemos, , MI 48864		(Street a	ind Number)	(517)349-5288 x	
Mail Addraga	(City o	or Town, State and Zip Code)	Cuito 200			(Area Code) (Telephone Nu	,
Mail Address		2369 Woodlake Drive, (Street and Number or F		,		Okemos, MI 48864 (City, or Town, State and Zip	
Primary Location of Books	and Records				41 N. 3rd Avenue Street and Number)		
		Phoenix, AZ 85013				602)331-5100 x	······································
Internet Website Address	(City, c	or Town, State and Zip Code)				(Area Code) (Telephone Nu	mber)
Statutory Statement Conta	act	Scott	t Lee			(602)331-5100 x559	
	s.l	(Name) ee@lifemarkcorp.com)			(Area Code)(Telephone Number) (602)331-5199 x	(Extension)
Policyowner Relations Co	ntact	(E-Mail Address)		31	41 N. 3rd Avenue	(Fax Number)	
Tolloyourier Floracionio Go		Dhaniy A7 05010			Street and Number)	(000)200 7100	
		Phoenix, AZ 85013 or Town, State and Zip Code)				(800)390-7102- (Area Code) (Telephone Number)	(Extension)
			Rue	ESIDENTS eben Pettiford an McKinnon			
		D	IRECTORS	OR TRUST	EES		
		Chris Shea A.J. Jones David Gamez Darrell Milner Mike Stephenson			Gordon Wea Pimmie L Velma Hen Roger Ru Donna J	opez dershott shlow	
State of N	/lichigan						
	ngham ss						
assets were the absolute prop explanations therein contained and of its income and deduction	erty of the said reporting d, annexed or referred ons therefrom for the p that: (1) state law may	ng entity, free and clear from any to, is a full and true statement of a eriod ended, and have been comp differ; or, (2) that state rules or re	liens or claims thereon all the assets and liabili pleted in accordance w	, except as herein stat ities and of the condition ith the NAIC Annual S	ted, and that this statemer on and affairs of the said r tatement Instructions and	porting period stated above, all of nt, together with related exhibits, s eporting entity as of the reporting Accounting Practices and Proced tices and procedures, according t	chedules and period stated above, lures
	(Signature)		(Się	gnature)		(Signature)	
-	(Printed Name) Acting President		,	ed Name) cretary		(Printed Name Treasurer)
Subscribed and swo	orn to before me thi		2. Dat	te the amendment		Yes[X] No[]	
(Notary Pub	olic Signature)						

STATEMENT AS OF September 30, 2002 OF THE Community Choice Michigan DIRECTORS OR TRUSTEES (continued)

Susan Green Gwendolyn Williams Sandra Fortes Chris Strayhorn Sherri Koelsch Erica Cardosa A.J. Mathewson

	ASSETS		Prior Year		
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1.	Bonds	3,376,001		3,376,001	1,950,367
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks	11,275		11,275	11,275
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$ encumbrances)			(a)	
	4.2 Properties held for the production of income (less \$ encumbrances)				
	4.3 Properties held for sale (less \$ encumbrances)				
5.	Cash (\$13,958,244) and short-term investments (\$864,000)	14,822,244		14,822,244	18,861,287
6.	Other long-term invested assets				
7.	Receivable for securities				
8.	Aggregate write-ins for invested assets				
9.	Subtotal cash and invested assets (Lines 1 to 8)	18,209,520		18,209,520	20,822,929
10.	Accident and health premiums due and unpaid	940,688		940,688	1,030,134
11.	Health care receivables	2,695,518		2,695,518	8,573,738
12.	Amounts recoverable from reinsurers	132,761		132,761	156,398
13.	Net adjustment in assets and liabilities due to foreign exchange rates				
14.	Investment income due and accrued	62,683		62,683	71,848
15.	Amounts due from parent, subsidiaries and affiliates	33,644		33,644	
16.	Amounts receivable relating to uninsured accident and health plans				
17.	Furniture and equipment				
18.	Amounts due from agents				
19.	Federal and foreign income tax recoverable and interest thereon (including \$net				
	deferred tax asset)				
20.	Electronic data processing equipment and software				
21.	Other nonadmitted assets				
22.	Aggregate write-ins for other than invested assets	245,875	245,875		
23.	Total assets (Lines 9 plus 10 through 22)	22,320,689	245,875	22,074,814	30,655,047
DETAI 0801	LS OF WRITE-INS				
0802					
0803 0898.	Summary of remaining write-ins for Line 8 from overflow page				
0899. 2201.	TOTALS (Lines 0801 through 0803 plus 0898) (Line 8 above)				
2202.	Prepaid Insurance	51,060	51,060		
2203. 2298.	Prepaid Dues				
2299.	TOTALS (Lines 2201 through 2203 plus 2298) (Line 22 above)	245,875	245,875		

⁽a) \$..... health care delivery assets included in Line 4.1, Column 3.

STATEMENT AS OF September 30, 2002 OF THE Community Choice Michigan

LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAPITAL AND				T 5: 1/
		1 Covered	Current Period 2 Uncovered	3 Total	Prior Year 4 Total
1.	Claims unpaid (less \$ reinsurance ceded)	21,304,615		21,304,615	25,222,098
2.	Accrued medical incentive pool and bonus payments	(4,451,899)		(4,451,899)	(2,817,203)
3.	Unpaid claims adjustment expenses				
4.	Aggregate policy reserves				
5.	Aggregate claim reserves				
6.	Premiums received in advance				
7.	General expenses due or accrued	88,341		88,341	74,658
8.	Federal and foreign income tax payable and interest thereon (including \$ on	·			
	realized capital gains (losses) (including \$ net deferred tax liability)				
9.	Amounts withheld or retained for account of others				
10.	Borrowed money (including \$ current) and interest thereon \$ (including				
-	\$current)				
11.	Amounts due to parent, subsidiaries and affiliates				
12.	Payable for securities				
13.	Funds held under reinsurance treaties with (\$ authorized reinsurers and				
10.	\$ unauthorized reinsurers)				
14.	Reinsurance in unauthorized companies				
15.	Net adjustments in assets and liabilities due to foreign exchange rates				
16.	Liability for amounts held under uninsured accident and health plans				
17.	Aggregate write-ins for other liabilities (including \$ current)				
18.	Total liabilities (Lines 1 to 17)				
19.	Common capital stock				
20.	Preferred capital stock				
	Gross paid in and contributed surplus				
21.	Surplus notes			,	,
22.	·				
23.	Aggregate write-ins for other surplus funds				
24.	Unassigned funds (surplus)			4,//5,/11	7,817,448
25.	Less treasury stock, at cost:	XXX	XXX		
	25.1 shares common (value included in Line 19 \$)				
	25.2shares preferred (value included in Line 20 \$)				
26.	Total capital and surplus (Lines 19 to 24, Less 25)				
27. DETAI	Total liabilities, capital and surplus (Lines 18 and 26) LS OF WRITE-INS		X X X	22,074,814	30,655,047
1701 1702					
1703 1798. 1799.	Summary of remaining write-ins for Line 17 from overflow page				
2301 2302		X X X	X X X		
2303		X X X	X X X		
2398. 2399.	Summary of remaining write-ins for Line 23 from overflow page				

STATEMENT AS OF September 30, 2002 OF THE Community Choice Michigan STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE AND				
		Current Year to Date		Prior Year	
		1 Uncovered	2 Total	3 Total	
1. [Vlember Months		687.407		
	Net premium income				
	Change in unearned premium reserves and reserve for rate credits				
	Fee-for-service (net of \$ medical expenses)				
	Risk revenue				
	Aggregate write-ins for other health care related revenues				
	FOTAL REVENUES (Lines 2 to 6)				
	and Hospital:	^ ^ ^	104,064,770	131,324,300	
	•		40.047.000	07 400 040	
	Hospital/medical benefits				
	Other professional services				
	Outside referrals				
11. I	Emergency room and out-of-area		12,444,740	10,528,641	
12. I	Prescription drugs		26,864,865		
13.	Aggregate write-ins for other medical and hospital		8,426,177	42,244,667	
14. I	ncentive pool and withhold adjustments		(1,421,270)	(229,063)	
15.	Subtotal (Lines 8 to 14)		95,661,512	117,338,874	
LESS:					
16. I	Net reinsurance recoveries		8,787	(12,794)	
17.	Total medical and hospital (Lines 15 minus 16)		95,652,725	117,351,668	
18. (Claims adjustment expenses		1,480,344	1,822,627	
19. (General administrative expenses		10,257,634	13,387,395	
	ncrease in reserves for accident and health contracts				
	Fotal underwriting deductions (Lines 17 through 20)				
	Net underwriting gain or (loss) (Lines 7 minus 21)				
	Net investment income earned				
	Net realized capital gains or (losses)				
	Net investment gains or (losses) (Lines 23 plus 24)				
			250,703	1,001,323	
	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$),				
	amount charged off \$)]				
	Aggregate write-ins for other income or expenses				
	Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)				
	Federal and foreign income taxes incurred				
	Net income (loss) (Lines 28 minus 29)	•	•		
0601. I	Pharmacy Rebates	X X X			
	HIV Funding				
	Grant				
0699.	FOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	77,997	134,052	
	Pharmacy Expense				
	Grant Expense				
1398.	Summary of remaining write-ins for Line 13 from overflow page		(197,514)	419,937	
	FOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)				
2702					
	Summary of remaining write-ins for Line 27 from overflow page				
	FOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2
		to Date	Prior Year
	CAPITAL & SURPLUS ACCOUNT		
31.	Capital and surplus prior reporting year	8,175,494	8,074,065
GAINS	AND LOSSES TO CAPITAL & SURPLUS		
32.	Net income or (loss) from Line 30	(3,025,802)	45,171
33.	Change in valuation basis of aggregate policy and claim reserves		
34.	Net unrealized capital gains and losses		
35.	Change in net unrealized foreign exchange capital gain or (loss)		
36.	Change in net deferred income tax		
37.	Change in nonadmitted assets	(15,935)	56,258
38.	Change in unauthorized reinsurance		
39.	Change in treasury stock		
40.	Change in surplus notes		
41.	Cumulative effect of changes in accounting principles		
42.	Capital Changes:		
	42.1 Paid in		
	42.2 Transferred from surplus (Stock Dividend)		
	42.3 Transferred to surplus		
43.	Surplus adjustments:		
	43.1 Paid in		
	43.2 Transferred to capital (Stock Dividend)		
	43.3 Transferred from capital		
44.	Dividends to stockholders		
45.	Aggregate write-ins for gains or (losses) in surplus		
46.	Net change in capital and surplus (Lines 32 to 45)		
47.	Capital and surplus end of reporting period (Line 31 plus 46)		
	LS OF WRITE-INS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4502			
4503 4598. 4599.	Summary of remaining write-ins for Line 45 from overflow page TOTALS (Lines 4501 through 4503 plus 4598) (Line 45 above)		

			1 Current Year To Date	2 Prior Year
		Cash from Operations		
1.	Premi	ums and revenues collected net of reinsurance	109,974,439	131,010,903
2.	Claim	s and claims adjustment expenses	102,549,241	119,727,925
3.	Gener	ral administrative expenses paid	10,277,595	13,443,983
4.	Other	underwriting income (expenses)	(31,883)	
5.	Cash	from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	(2,884,280)	(2,161,005)
6.	Net in	vestment income	392,995	1,181,963
7.	Other	income (expenses)	23,368	21,176
8.	Feder	al and foreign income taxes (paid) recovered		
9.	Net ca	ash from operations (Lines 5 to 8)	(2,467,917)	(957,866)
		Cash from Investments		
10.	Proce	eds from investments sold, matured or repaid:		
	10.1	Bonds	96,000	3,675,000
	10.2	Stocks		
	10.3	Mortgage loans		
	10.4	Real estate		
	10.5	Other invested assets		
	10.6	Net gains or (losses) on cash and short-term investments		
	10.7	Miscellaneous proceeds		 192,427
	10.8	TOTAL investment proceeds (Lines 10.1 to 10.7)	96,000	3,867,427
11.	Cost	of investments acquired (long-term only):		
	11.1	Bonds	1,667,126	3,118,431
	11.2	Stocks		11,275
	11.3	Mortgage loans		
	11.4	Real estate		
	11.5	Other invested assets		
	11.6	Miscellaneous applications		
	11.7	TOTAL investments acquired (Lines 11.1 to 11.6)		
12.		ash from investments (Line 10.8 minus Line 11.7)		
		Cash from Financing and Miscellaneous Sources	(, - , - ,	- ,
13.	Cash	provided:		
	13.1	Surplus notes, capital and surplus paid in		
	13.2	Net transfers from affiliates		
	13.3	Borrowed funds received		
	13.4	Other cash provided		
	13.5	TOTAL (Lines 13.1 to 13.4)		
14.		applied:		
	14.1	Dividends to stockholders paid		
	14.2	Net transfers to affiliates		
	14.3	Borrowed funds repaid		
	14.4	Other applications		
	14.5	TOTAL (Lines 14.1 to 14.4)		
15.		ash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)		
13.	INEL CO	RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		(८,७८४,८ ७ 0)
16.	Not of	nange in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	(4 030 043)	(2 5/0 251)
17.		and short-term investments:	(4,038,043)	(८,७ ५७ ,७७1 <i>)</i>
17.			10.061.007	01 410 600
	17.1	Beginning of period		
	17.2	End of period (Line 16 plus Line 17.1)	14,822,244	18,861,287

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3	Medicare	Vision	Dontal	Federal	Title XVIII	Tale VIV	
		Total	Individual	Group	Supplement	Only	Dental Only	Employees Health Benefit Plan	Medicare	Title XIX Medicaid	Other
		1014		G. 5 G. 5	Сарринин	J,	J,	20110111 TIGHT		ou.ou.u	C anor
Total N	Members at end of:										
1.	Prior Year	74,999								74,999	
2.	First Quarter	78,110								78,110	
3.	Second Quarter	78,481								78,481	
4.	Third Quarter	71,571								71,571	
5.	Current Year										
6.	Current Year Member Months	687,407								687,407	
Total N	Member Ambulatory Encounters for Period:										
7.	Physician	238,506								238,506	
8.	Non-Physician	18,484								18,484	
9.	Total	256,990								256,990	
10.	Hospital Patient Days Incurred	18,628								18,628	
11.	Number of Inpatient Admissions	4,835								4,835	
12.	Premiums Collected	109,974,439								109,974,439	
13.	Premiums Earned	104,006,773								104,006,773	
14.	Amount Paid for Provision of Health Care Services	101,101,321								101,101,321	
15.	Amount Incurred for Provision of Health Care Services	95,549,142								95,549,142	

CLAIMS PAYABLE (Reported and Unreported) Aging Analysis of Unpaid Claims

Aging Analysis of Official Stating								
1	2	3	4	5	6	7		
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total		
Individually Listed Claims Payable								
BATTLE CREEK HEALTH SYSTEMS HOSPITAL	80,068	29,148	653	110,438	3,000	223,307		
0199999 Individually Listed Claims Payable	80,068	29,148	653	110,438	3,000	223,307		
0299999 Aggregate Accounts Not Individually Listed - Uncovered								
0399999 Aggregate Accounts Not Individually Listed - Covered	444,831	537,520	146,219	81,971	53,334	1,263,875		
0499999 Subtotals	524,899	566,668	146,872	192,409	56,334	1,487,182		
0599999 Unreported claims and other claim reserves						17,558,582		
0699999 Total Amounts Withheld								
0799999 Total Claims Payable								
0899999 Accrued Medical Incentive Pool						(4,451,899)		

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

				THE TOT HEIROOFF	-	5	6
				Liab	oility		
		Cla	ims	End	d of		
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec.31 of	During the	in Prior Years	Dec.31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (Hospital & Medical)						
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan Premiums						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid	16,687,423	83,975,011	3,109,747	18,194,868	19,797,170	25,222,098
8.	Other						
9.	Subtotal	16,687,423	83,975,011	3,109,747	18,194,868	19,797,170	25,222,098
10.	Medical incentive pools, accruals and disbursements .	438,887		(3,030,629)	(1,421,270)	(2,591,742)	(2,817,203)
11.	TOTALS	17,126,310	83,975,011	79,118	16,773,598	17,205,428	22,404,895

"

Notes to Financial Statement

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES **GENERAL**

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements?

Yes[] No[X]

1.2 If yes, explain:

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?2.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[X] Yes[] No[X] N/A[]

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

If yes, date of change:

Yes[] No[X]

If not previously filed, furnish herewith a certified copy of the instrument as amended.

Have there been any substantial changes in the organizational chart since the prior quarter end? If yes attach an organizational chart.

Yes[] No[X]

Yes[] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
	NAIC	State of
Name of Entity	Company Code	Domicile

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.

Yes[] No[X] N/A[]

12/31/1998

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made.7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/1998

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

10/22/1999

By what department or departments?

Office of Financial and Insurance Services, P.O. Box 30220, Lansing MI 48909-7720

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes[] No[X]

8.2 If yes, give full information

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

INVESTMENT

9.1 Has there been any changes in the reporting entity's own preferred or common stock?

9.2 If yes, explain:

Yes[] No[X]

10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities lending agreements.)

10.2 If yes, give full and complete information relating thereto:

Yes[] No[X]

11. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$

12. Amount of real estate and mortgages held in short-term investments:

\$

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

13.2 If yes, please complete the following:

Yes[] No[X]

		1	2
		Prior Year-End	Current Quarter
		Statement Value	Statement Value
13.21	Bonds		
13.22	Preferred Stock		
13.23	Common Stock	11,275	11,275
13.24	Short-Term Investments		
13.25	Mortgages, Loans or Real Estate		
13.26	All Other		
13.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal		
	Lines 13.21 to 13.26)	11,275	11,275
13.28	Total Investment in Parent included in Lines 13.21 to 13.26		
	above		
13.29	Receivable from Parent not included in Lines 13.21 to 13.26		
	above		

14.1 Does the reporting entity have any hedging transactions reported in Schedule DB?14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[] No[X] Yes[] No[X] N/A[]

15. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV, H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

15.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1	2
Name of Custodian(s)	Custodian Address
CITIBANK	120 BROADWAY 2ND FLOOR, NEW YORK NY 10271

15.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

15.3 Have there been any changes, including name changes, in the custodian(s) identified in 15.1 during the current year? 15.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

1	2	3	4
		Date	
Old Custodian	New Custodian	of Change	Reason

15.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository		
Depository	Name(s)	Address
CITIBANK	CITIBANK	120 BROADWAY 2ND FLOOR, NEW
		YORK NY 10271

STATEMENT AS OF September 30, 2002 OF THE Community Choice Michigan SCHEDULE A - VERIFICATION

	OUTED OLE A	V EI III I OATIN			
		1	2	3	4
		First Quarter	Second Quarter	Third Quarter	Prior Year Ended
		Current Year	Current Year	Current Year	December 31
1.	Book/adjusted carrying value, beginning of period				
2.	Increase (decrease) by adjustment				
3.	Cost of acquired				
4.	Cost of additions to and permanent improvements				
5.	Total profit (loss) on sales		<u> </u>		
6.	Increase (decrease) by foreign exchange adjustment				
7.	Amount received on sales) VI -			
8.	Book/adjusted carrying value at end of current period	J IN L	=		
9.	Total valuation allowance				
10.	Subtotal (Lines 8 plus 9)				
11.	Total nonadmitted amounts				
12.	Statement value, current period (Page 2, real estate lines, current				
	period)				

SCHEDULE B - VERIFICATION

SCHEDULE B - VERIFICATION						
		1	2	3	4	
		First Quarter	Second Quarter	Third Quarter	Prior Year Ended	
		Current Year	Current Year	Current Year	December 31	
I	Book/recorded investment excluding accrued interest on mortgages owned, beginning of period					
1	Amount loaned during period: 2.1 Actual cost at time of acquisitions					
:	2.2 Additional investment made after acquisitions					
3.	Accrual of discount and mortgage interest points and commitment fees					
4.	Increase (decrease) by adjustment]]			
5.	Total profit (loss) on sale					
6.	Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during the period Amortization of premium					
7.	Amortization of premium					
8.	Increase (decrease) by foreign exchange adjustment		·····			
	Book value/recorded investment excluding accrued interest on mortgages					
(owned at end of current period					
10.	Total valuation allowance					
11.	Subtotal (Lines 9 plus 10)					
12.	Total nonadmitted amounts					
13.	Statement value of mortgages owned at end of current period					

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

Other invested Assets in	ciadea ili Scriedale	DA		
	1	2	3	4
	First Quarter	Second Quarter	Third Quarter	Prior Year Ended
Description	Current Year	Current Year	Current Year	December 31
Book/adjusted carrying value of long-term invested assets owned, beginning of period				
Cost of acquisitions during period: Actual cost at time of acquisitions				
4. Increase (decrease) by adjustment		<u> </u>		
5. Total profit (loss) on sale				
5. Total profit (loss) on sale) N E			
8. Increase (decrease) by foreign exchange adjustment] T		
Book/adjusted carrying value of long-term invested assets at end of current period				
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10) 12. Total nonadmitted amounts				
Statement value of long-term invested assets at end of current period				

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	During the Current Quarter for all bonds and Freienred Stock by hatting class									
	-	1	2	3	4	5	6	7	8	
		Statement				Statement	Statement	Statement	Statement	
		Value	Acquisitions	Dispositions	Non-Trading	Value	Value	Value	Value	
		Beginning	During Current	During Current	Activity During	End of	End of	End of	December 31	
		of Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year	
BOND	\$									
1.	Class 1	2,228,326	2,243,126	(223,067)	(8,384)	2,329,429	2,228,326	4,240,001	2,718,367	
2.	Class 2									
3.	Class 3									
4.	Class 4									
5.	Class 5									
6.	Class 6									
7.	TOTAL Bonds			(223,067)	(8,384)	2,329,429	2,228,326	4,240,001	2,718,367	
PREF	ERRED STOCK									
8.	Class 1									
9.	Class 2									
10.	Class 3									
11.	Class 4									
12.	Class 5									
13.	Class 6									
14.	TOTAL Preferred Stock									
15.	TOTAL Bonds & Preferred Stock	2,228,326	2,243,126	(223,067)	(8,384)	2,329,429	2,228,326	4,240,001	2,718,367	

SCHEDULE DA - PART 1

Short - Term Investments Owned End of Current Quarter

<u>-</u>					
	1	2	3	4	5
	Book/Adjusted			Amount of Interest	
	Carrying		Actual	Received Current	Paid for Accrued
	Value	Par Value	Cost	Quarter	Interest
8099999. TOTALS	864,000	X X X	864,000		

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

	0.000				
		1	2	3	4
		First Quarter	Second Quarter	Third Quarter	Prior Year Ended
		Current Year	Current Year	CurrentYear	December 31
1.	Book/adjusted carrying value, beginning of period	768,000	384,000	288,000	7,375,343
2.	Cost of short-term investments acquired			576,000	1,209,590
3.	Increase (decrease) by adjustment				(19,723)
4.	Increase (decrease) by foreign exchange adjustment				
5.	Total profit (loss) on disposal of short-term investments				(18,782)
6.	Consideration received on disposal of short-term investments	384,000	96,000		7,778,428
7.	Book/adjusted carrying value, current period	384,000	288,000	864,000	768,000
8.	Total valuation allowance				
9.	Subtotals (Lines 7 plus 8)				
10.	Total nonadmitted amounts				
11.	Statement value (Lines 9 minus 10)	384,000	288,000	864,000	768,000
12.	Income collected during period				
13.	Income earned during period	11,214	5,333	5,153	283,805

16	Schedule DB Part F Section 1NONE
17	Schedule DB Part F Section 2NONE

STATEMENT AS OF September 30, 2002 OF THE Community Choice Michigan

Schedule S Ceded Reinsurance NONE

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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

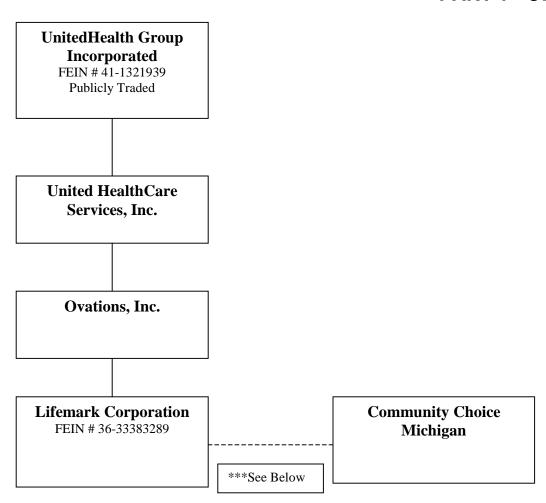
		Allocated	Dy .	Jiai	<u> </u>	anu		Direct Pusiness	Only Year-to-Date	
				1		2	3	Direct Business (only rear-to-bate	6
		Stata Eta	Gua Fu (Ye	ranty und es or lo)	Lic (Y	Insurer censed Yes or No)	Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employee Health Benefits Program Premium
1.	Alabama	State, Etc.		10) 10	_	No	<u> </u>		1	
	Alaska	AK	1	۱٥ اه		No				
2.				۱۵ اه	ı	No				
3.	Arizona Arkansas	AZ								
ł. -		AR		10 10		No				
5. 6.	California Colorado	CA		vo Vo		No				
). 7.	Connecticut	CT	1	۱۵ اه		No				
3.	Delaware	DE	1	۱٥ اه		No				
).).	District of Columbia	DC		۱٥ اه		No				
10.	Florida	FL		۱٥ اه		No				
1.	Georgia	GA		۱٥	ı	No				
2.	Hawaii	HI		۱o		No				
3.	Idaho	ID	. N	۱o		No				
4.	Illinois	IL	N	١٥		No				
5.	Indiana	ĪN		۱o		No				
16.	lowa	IA	1	١٥		No				
7.	Kansas	KS	N	۱o		No				
8.	Kentucky	KY	. N	١٠. ١٥		No				
19.	Louisiana	LA	N	۱o		No				
20.	Maine	ME	N	١٠. ١٥		No				
21.	Maryland	MD	1	۱o		No				
22.	Massachusetts	MA		۱o		No				
23.	Michigan	MI	N	١٥		Yes			104,006,773	
24.	Minnesota	MN		۱٥	ı	No				
5.	Mississippi	MS		۱٥		No				
6.	Missouri	MO		۱٥		No				
7.	Montana	MT		۱۰. ۱۰		No				
28.	Nebraska	NE		١٠. ١٥	ı	No				
29.	Nevada	NV	1	١٥		No				
30.	New Hampshire	NH		۱o		No				
31.	New Jersey	NJ		۱o		No				
32.	New Mexico	NM		۱o	ı	No				
33.	New York	NY		۱۰		No				
34. 35.	North Carolina	NC		10 10		No				
36.	North Dakota	ND OH		۱۵ اه	ı	No				
87.	Ohio Oklahoma	OK	1	۱٥ اه	ı	No				
88.	Oregon	OR		۱٥ اه		No				
19.	Pennsylvania	PA		-	ı					
10.	Rhode Island	RI		۱٥ اه		No				
1.	South Carolina	SC		۱٥ ۱٥		No				
2.	South Dakota	SD	1	۱٥ اه						
3.	Tennessee	TN	1		ı					
4.	Texas	TX				No				
5.	Utah	UT	1	۱٥		No				
6.	Vermont	VT		۱o		No				
7.	Virginia	VA		-	ı	No				
8.	Washington	WA	N	۱o		No				
9.	West Virginia	WV	N	۱o		No				
0.	Wisconsin	WI	N	۱o		No				
1.	Wyoming	WY	N	۱o		No				
2.	American Samoa	AS	N	۱o		No				
3.	Guam	GU	. N	۱o		No				
4.	Puerto Rico	PR	N	١٠. ١٥		No				
5.	U.S. Virgin Islands	VI	. N	١٠. ١٥		No				
6.	Canada	CN	1	١٠. ١٥		No				
57.	Aggregate other alien					XXX.				
8. DETAI	TOTAL (Direct Busine LS OF WRITE-INS	ss)	X	X X .	(a).	1			104,006,773	
701			. x	ΧΧ.	. >	XXX.	Ī	Ī	Ī	
5702				хх. ХХ.		Λ				
5703						XXX.				
5798.		g write-ins for Line 57 from overflow page				XXX.				
ว/98.										

⁽a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

All insurer members of a Holding Company Group that has acquired and/or disposed of any domestic insurer (s) since filing the last annual or quarterly statement shall prepare a common schedule for inclusion in each of the individual quarterly statements

PART 1 - ORGANIZATIONAL CHART



*** - Community Choice Michigan and Lifemark Corporation have a management services agreement

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SUPPLEMENTAL EXHIBITS AND SCHEDULES **INTERROGATORIES**

1 \/	/ill tha SV/A	Compliance	Certification be	filed with this	e etatamant?

RESPONSES

No

Explanation:

Bar Code:



OVERFLOW PAGE FOR WRITE-INS

ASSETS

			Current Period		Prior Year
		1	2	3	4
				Net	Net
			Nonadmitted	Admitted	Admitted
		Assets	Assets	Assets	Assets
0897.	Summary of remaining write-ins for Line 8 (Lines 0804 through 0896)				
2204.					
2297.	Summary of remaining write-ins for Line 22 (Lines 2204 through 2296)				

STATEMENT OF REVENUE AND EXPENSES

		Current Ye	ear to Date	Prior Year
		1	2	3
		Uncovered	Total	Total
0604.	Honorarium	X X X		
0605.	Miscellaneous	X X X		
0697.	Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X		
1304.	Risk Settlement		(197,514)	419,937
1397.	Summary of remaining write-ins for Line 13 (Lines 1304 through 1396)		(197,514)	419,937

E01	Schedule A Part 2NONE
E01	Schedule A Part 3 NONE
E02	Schedule B Part 1NONE
E02	Schedule B Part 2NONE
E03	Schedule BA Part 1 NONE
E03	Schedule BA Part 2

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Quarter

	Gliowing All Eor	g romi bona	s and stocks Actonic Duning Current	t additor				
1	2	3	4	5	6	7	8	9
				Number			Paid for Accrued	
CUSIP		Date		of Shares			Interest and	NAIC
Identification	Description	Acquired	Name of Vendor	of Stock	Actual Cost	Par Value	Dividends	Designation (a)
Bonds - U.S. Govern	ments							
31359MLR2	FEDERAL NATL MTG ASSN	07/09/2002	FEDERAL NATL MTG ASSN	X X X	718,830	710,000		1
3133M5ZA1	FEDERAL HOME LN BNK CONS	07/09/2002	FEDERAL HOME LN BNK CONS	X X X	51,548		557	1
3133M5YR5	FEDERAL HOME LN BNK CONS BD	07/09/2002	FEDERAL HOME LN BNK CONS BD		41,399	40,000		1
3133M6X45	FEDERAL HOME LN BNK CONS BD	07/10/2002	FEDERAL HOME LN BNK CONS BD	X X X				1
3134A4LX0	FEDERAL HOME LN MTG CORP	08/12/2002	FEDERAL HOME LN MTG CORP		306,046		2,275	
31359MNG4	FEDERAL NATL MTG	08/16/2002	FEDERAL NATL MTG	X X X	203,914	200,000	917	1
0399999 Subtotal - Bo	onds - U.S. Governments				1,379,126	1,355,000	7,636	
Bonds - Political Sul	odivisions of States, Territories and Possessions							
* * *								
395382BG8	GREENSPOINT BANK NY	07/17/2002	GREENSPOINT BANK NY	X X X	96,000	96,000		1
27579TBZ2	EAST WEST BANK CA	08/20/2002	EAST WEST BANK CA	X X X	96,000	96,000		1
33847EMZ7	EAST WEST BANK CA FLAGSTAR BANK	08/21/2002	FLAGSTAR BANK	X X X	96,000	96,000		1
2499999 Subtotal - Bo	onds - Political Subdivisions of States, Territories and Possessions				288,000	288,000		
6099997 Subtotal - Bo	onds - Part 3				1,667,126	1,643,000	7,636	
6099998 Summary Ite	em for Bonds Bought and Sold This Quarter							
6099999 Subtotal - Bo						1,643,000	7,636	
6599998 Summary Ite	em for Preferred Stock Bought and Sold This Quarter							
7099998 Summary Ite	em for Common Stock Bought and Sold This Quarter					X X X		
7199999 Subtotal - Pr	eferred and Common Stock					X X X		
7299999 Total - Bond	s, Preferred and Common Stock				1,667,126	X X X	7,636	

⁽a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
										Increase	Foreign			Interest		
				Number				Book/Adjusted		(Decrease)	Exchange			on Bonds	Dividends on	NA
				of				Carrying Value	Increase	by Foreign	Gain	Realized Gain	Total Gain	Received	Stocks	Des
CUSIP		Disposal	Name of	Shares		Par		at Disposal	(Decrease) by	Exchange	(Loss) on	(Loss) on	(Loss) On	During	Received	nati
Identification	Description	Date	Purchaser	of Stock	Consideration	Value	Actual Cost	Date	Adjustment	Adjustment	Disposal	Disposal	Disposal	Year	During Year	(a
Bonds - Politic	cal Subdivisions of States, Territories	and Possession	ons							-	-					
]													
* * *			07 50 111010 0 11111													١.
	ST. FRANCIS BANK						96,109								X X X	1
2499999 Subtotal	al - Bonds - Political Subdivisions of States, Te	erritories and Pos	ssessions		96,000	96,000	96,109	96,000							X X X	X >
Bonds - Indust	trial and Miscellaneous															
98157DAH9	WORLDCOM INC	07/01/2002	WORLDCOM INC	X X X			60,067	60,067				(60,067)	(60,067)		x x x	1
98155KAG7	WORLDCOM INC SR NTS	07/01/2002	WORLDCOM INC	X X X			67,000					(67,000)	(67,000)		X X X	1
	al - Bonds - Industrial and Miscellaneous						127,067	127,067				(127,067)	(127,067)		X X X	X X
	al - Bonds - Part 4					96,000	223,176	223,067				(127,067)	(127,067)		X X X	X X
6099998 Summai	ary Item for Bonds Bought and Sold This Quar	ter													X X X	X X
6099999 Subtotal							223,176	223,067				(127,067)	(127,067)		X X X	X X
6599998 Summai	ary Item for Preferred Stock Bought and Sold	This Quarter												X X X		X X
7099998 Summai	ary Item for Common Stock Bought and Sold	This Quarter				X X X								X X X		X X
7199999 Subtotal	al - Preferred and Common Stock					X X X								X X X		X X
7299999 Total - B	Bonds, Preferred and Common Stock				96.000	X X X	223,176	223,067				(127,067)	(127,067)			X X
	on stock bearing the NAIC designation "U" pro				11,111		-, -	-,				,,,,,	(, /			
,	3 · · · · · · · · · · · · · · · ·															

E06	Schedule DB Part A Section 1NONE
E06	Schedule DB Part B Section 1NONE
E07	Schedule DB Part C Section 1NONE
E07	Schedule DB Part D Section 1NONE

SCHEDULE E - PART 1 - CASH Month End Depository Balances

MOITH EIG	Depository B	alalices					
1	2	3	4	Book Balar	nce at End of E	ach Month	8
				Duri	ng Current Qu	arter	
		Amount	Amount of	5	6	7]
		of Interest	Interest				
		Received	Accrued				
		During	at Current				
	Rate of	Current	Statement	First	Second	Third	
Depository	Interest	Quarter	Date	Month	Month	Month	*
open depositories							
Citizens Bank (AP)				. (1,366,865)	(12,253)	(17,546)	
Citizens Bank (Claims)				(1,756,429)	(3,588,170)	(2,807,162)	.
Citizens Bank (Money	1 0 10	0.4.500		44.050.754	10.050.017	0.400.000	
Market/Sweep) Michigan National Bank (Claims) Citibank (Money Market)	1.340	34,509		(35,087)	(35,087)	(35,087)	
Citibank (Money Market)	1.050	23.093	6.206	8.206.936	8.225.961	7.543.016	
Standard Federal (Money				0,_00,000	,,,	,,	
Market/Sweep)	1.000			114,117	114,117		
Citizens Bank (Trust)	1.000	5,100		1,000,000	1,000,000	1,000,000	
0199998 Deposits in depositories which do not exceed the							
allowable limit in any one depository (See Instructions) - open depositories							ļ.
0199999 Totals - Open Depositories	X X X	62,702	6,206	. 17,413,422	. 15,958,485	. 13,958,244	Ш
0299998 Deposits in depositories which do not exceed the							
allowable limit in any one depository (See Instructions) - suspended							
depositories							<u> . </u>
0299999 Totals - Suspended Depositories							Ш
0399999 Total Cash On Deposit				. 17,413,422	. 15,958,485	. 13,958,244	Ш
0499999 Cash in Company's Office		X X X	X X X				Ш
0599999 Total Cash	X X X	62,702	6,206	. 17,413,422	. 15,958,485	. 13,958,244	Ш

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	-05
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